Massachusetts Bay Transportation Authority

Application for Employment

Directions:

1. Conditions of application for employment are stated at the end of this form. Please read those conditions carefully before you sign this application.
2. Each section of this application must be completed in full even if accompanied by a resume.
3. Submitting a resume along with this application is strongly recommended.
4. Assistance with completing this form is available upon request.
5. Please type or print all responses clearly and accurately.
6. An application must be completed for each position to which an applicant applies.

The MBTA is an Equal Opportunity/Affirmative Action Employer.

Position Applying for:_____ Posting Number_____

Personal Information

Full Name	Last	First	Middle	
Mailing Address	Street	Apt #	City, State	Zip Code
Home Phone		Other Phone	E-Mail Address	

Current/Prior MBTA Employment

Are you currently employed by the MBTA? ☐ Yes ☐ No

Have you ever been employed by the MBTA? ☐ Yes ☐ No

If yes, reason for leaving: _____

If yes to either question above, please complete below.

Position	From -To (Month/Year)	Employee ID	Supervisor

Immediate Family Working in Massachusetts Government

Please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Commonwealth of Massachusetts. You are required to complete the information below. "Immediate family" is defined as a spouse, child, parent, and sibling; and the spouse's child, parent and sibling. Include those employed in all branches of state government: judicial, legislative, executive, higher education, state authorities and the Massachusetts Bay Transportation Authority; and those employed as regular or contract employees, or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our Commonwealth have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position within the Massachusetts Bay Transportation Authority from receiving full consideration based on the merits of his/her credentials and the requirements of the job. Attach additional pages if needed.

Name of Relative	Relationship	Title of Relative's Job	State Agency

Availability & Eligibility

Can you work all days, including weekends? ☐ Yes ☐ No

Can you work all shifts? ☐ Yes ☐ No

If no to either question above, please state when you are not available: _____

Are you at least 18 years of age? ☐ Yes ☐ No

Are you legally eligible to work in the United States, and can you submit verification of your legal right to work in the United States upon being offered a position? ☐ Yes ☐ No

Education & Skills

Name of School	City & State	Degree	Major/Minor	Did you Graduate?

Please list any additional education or training relevant to this position:

_____

_____

Please list other skills, including computer or language skills, that are relevant to this position.

_____

_____

_____

Employment History

- Please begin with your most recent employment and continue with all past employment.
- Employment History section must be completed in full even if a résumé is submitted.
- Applicants may include any verifiable work performed on a volunteer basis.

1	Employer	Position Held	From Month/Year	To Month/Year
Employer Address		Job Duties	☐ Full-time ☐ Part-time ☐ Temporary ☐ Concurrent with another position	
Supervisor's Name				
Phone Number				

Does this position include supervisory responsibilities? ☐ Yes ☐ No

Reason for leaving

2	Employer	Position Held	From Month/Year	To Month/Year
Employer Address		Job Duties	☐ Full-time ☐ Part-time ☐ Temporary ☐ Concurrent with another position	
Supervisor's Name				
Phone Number				

Does this position include supervisory responsibilities? ☐ Yes ☐ No

Reason for leaving

3	Employer	Position Held	From Month/Year	To Month/Year
Employer Address		Job Duties	☐ Full-time ☐ Part-time ☐ Temporary ☐ Concurrent with another position	
Supervisor's Name				
Phone Number				

Does this position include supervisory responsibilities? ☐ Yes ☐ No

Reason for leaving

4	Employer	Position Held	From Month/Year	To Month/Year
Employer Address		Job Duties	☐ Full-time ☐ Part-time ☐ Temporary ☐ Concurrent with another position	
Supervisor's Name				
Phone Number				

Does this position include supervisory responsibilities? ☐ Yes ☐ No

Reason for leaving

PLEASE READ: It is part of the MBTA's selection process to contact your former employers for employment-related reference information. We will **not** contact your **current** employer at this time unless you authorize us to do so below. However, if you refuse to authorize the MBTA to contact your **former** employers, you will be disqualified from the selection process.

I hereby authorize my former employers to release employment-related information to the MBTA

Signed_____ **Please initial if we may contact your current employer** _____

Driver's License Information

Do you have a valid Driver's License? ☐ Yes ☐ No

If yes, please provide the following information:

State:_____ Class: _____

Endorsements:_____

Professional References

List at least three people not related to you who can comment on your work performance.

Name	Address	Occupation	Telephone Number	Years Acquainted

Referral Source

Please provide specific source where appropriate.

☐ Walk In
☐ Job Posting
☐ MBTA Website
☐ MBTA Job Line
☐ MBTA Employee
☐ Advertisement _____
☐ Community/State Agency _____
☐ College Recruiting _____
☐ Other _____

Notification & Agreement

All of the information that I have provided on this application is accurate to the best of my knowledge. I authorize the Massachusetts Bay Transportation Authority to make inquiries to determine my suitability for employment. In signing this application, I understand that my previous and present employers may be asked for information relative to my employment record with them. Further, in connection with this employment application, I understand that the Authority may request information regarding my financial condition, police record and other information which may be considered relevant from any source whether named or un-named by me. I also understand that the Authority reserves the right at any point in the selection process to request updated information regarding my financial condition, police record and other information which may be considered relevant from any source whether named or un-named by me. I hereby release from all liability or damage those individuals who provide such information.

It is the policy of the company to afford equal opportunity to all employees and applicants without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, pregnancy, sexual orientation, ancestry, or genetic information; and to afford equal opportunities to disabled veterans of the Vietnam era and to individuals with a disability or any other characteristics protected by Federal, State or Local Law.

I fully understand and agree that any section left incomplete on this application; any false, inaccurate and/or misleading statements made by me on this application or by my failure to answer any applicable questions on the application; any false, misleading, or inaccurate information contained on certificates, documents, or other papers which may accompany this application (i.e. misrepresentation of prior employment, education, or training); or any false, misleading or inaccurate information provided during the entire selection process will be sufficient cause for my application being rejected or for my discharge from the Authority at any time after employment.

Please recheck your application and make sure that all questions are answered correctly prior to signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Signature of Applicant _____ Date _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Revised 10/2010

Applicant/Employee Voluntary Self Identification Form

The MBTA believes that all persons are entitled to equal employment opportunities and does not discriminate against its applicants or employees because of race, sex, religious creed, national origin, ancestry, sexual orientation, genetic information, disability, veteran status, age, or any other protected group status. The MBTA is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations.

To comply with these laws and regulations, the MBTA invites you to voluntarily self-identify your sex, race, and ethnicity. Submission of this information is strictly voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided on this form will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, this data will not identify any specific individual.

Name_____ Date_____
Last First Middle

Address _____
Number and Street

_____
City County State Zip Code

Employee Badge Number (if applicable): _____ Sex: ☐ Male ☐ Female

Federal Race & Ethnicity Categories (Please select only one category):

☐ **American Indian or Alaskan Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

☐ **Black or African-American (Not Hispanic or Latino):** A person having origins in any of the Black racial groups of Africa.

☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Two or more races:** All persons who identify with more than one of the above categories.

I have been given the opportunity to participate in the voluntary self-identification process:

Signature: _____ Date: _____

Voluntary Self-Identification:

As an equal opportunity employer, the Authority complies with all relevant government regulations and affirmative action responsibilities. The information you provide is being requested on a voluntary basis, will be kept confidential, will not subject you to any adverse treatment, will not be used in any manner inconsistent with the law, and will be used solely for government reporting purposes.
Submission of information about your disability or veteran status is completely voluntary.
You may decline to provide this information.

Name_____ Date_____
Last First Middle

Address _____
Number and Street

_____
City County State Zip Code

Employee Badge Number (if applicable): _____ Sex: ☐ Male ☐ Female

If you choose to self identify your status as an individual with a disability or a veteran, the Authority may contact you for additional information and/or documentation.

☐ I am voluntarily self-identifying as an individual with a disability.

An individual with a disability means that the individual (1) has a physical or mental impairment that substantially limits a major life activity; (2) has a record of such an impairment; or (3) is regarded as having an impairment (he or she is subject to an employment action prohibited by the ADA based on an actual or perceived impairment.) A "qualified" employee or applicant is an individual with a disability who can satisfy the requisite skill, experience, education, and other job-related requirements and can perform the "essential functions" of the position with or without reasonable accommodation. Depending upon the extent, duration, nature and impact of the impairment, an individual with a condition that is temporary may or may not meet the definition of an individual with a disability under the Americans with Disabilities Act.

☐ I am voluntarily self-identifying as a Vietnam Era Veteran

☐ I am certified as a Vietnam Era Veteran. Certification number: _____

The term "Veteran of the Vietnam Era" means a person who (1) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975, in all other cases, or (2) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975, in all other cases.

☐ (I am voluntarily self-identifying as a Disabled Veteran. This includes all veterans with service connected disabilities.

☐ I am voluntarily self-identifying as a Special Disabled Veteran

☐ I am certified as a Special Disabled Veteran. Certification number: _____

The term "Special Disabled Veteran" means a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the federal Department of Veterans Affairs for a disability: A) rated at 30 percent or more; B) rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment disability. Serious employment disability means a significant impairment of a veteran's ability to prepare for, obtain, or retain employment consistent with such veteran's abilities, aptitudes and interests. A Special Disabled Veteran also means a person who was discharged or released from active duty because of a service-connected disability.

☐ I am voluntarily self-identifying as an Other Protected veteran

An Other Protected veteran is a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

☐ I am voluntarily self-identifying as an Armed Forces service medal veteran.

An Armed Forces service medal veteran is a veteran, who while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

☐ I am voluntarily self-identifying as a recently separated veteran.

A recently separated veteran is a veteran within 36 months from discharge or release from active duty in the U.S. military, ground, naval or air service.